

PATENT

Attorney Docket No. MTI-31533

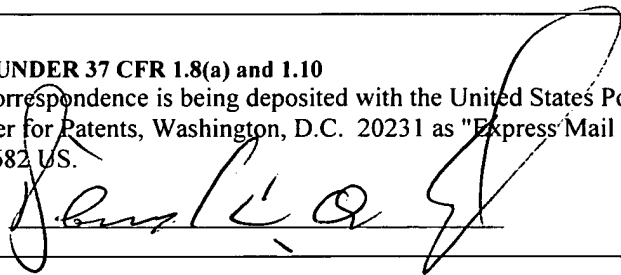
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : DERRAA, Ammar
Serial No. : 09/941,533
Filing Date : August 29, 2001
For : METHOD OF FORMING A CONDUCTIVE CONTACT
Group Art Unit : 2823
Examiner : FOURSON III, George R.
Confirmation No. : 4578

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

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Date: Nov 10, 2003



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Sir:

Applicant requests consideration of the pending claims in the above-identified patent application based on the remarks herein.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of the claims, which begins on page 3 of this paper.

Remarks begin on page 24 of this paper.



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11-12-03

2823

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/941,533
	Filing Date	August 29, 2001
	First Named Inventor	DERRAA, Ammar
	Art Unit	2823
	Examiner Name	FOURSON III, George R.
Total Number of Pages in This Submission	Attorney Docket Number	MTI-31533

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (31 pages) + enclosure <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Whyte Hirschboeck Dudek S.C. Kristine M. Strodthoff
Signature	<i>Kristine M Strodthoff</i>
Date	November 10, 2003

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Typed or printed name	DAVID E ORTIZ
Signature	<i>David E Ortiz</i>
Date	NOV 10, 2003

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